

IN THE UNITED STATES PATENT OFFICE

PETITION TO MAKE SPECIAL

Glen F. Gallinger
7420 Milner Dr.
Colorado Springs, CO 80920

12 April 2004

Re: UNITED STATES PATENT APPLICATION
title: CIRCUIT CONTINUITY AND FUNCTION MONITOR
1'st inventor: Dan J. Jewell
filed:
serial no.:

Honorable Commisioner of Patents & Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

It is respectfully petitioned having regard to the provisions of 37 CFR1.102(C) that the above entitled application be made "special" so that the application may be given an immediate action on its merits. The application is based on the grounds that one inventor, Judith D. Jewell is over the age of 65 years.

It is therefore respectfully petitioned that an order be issued directing the above entitled application to be made "special". Under the rule no fee is required for this Petition.

The office is cordially invited, at all times, to expedite prosecution of this application, to telephone the undersigned collect if necessary, to expedite prosecution of this application.

Respectfully submitted,



Glen F. Gallinger
Registration No. 34,168
7420 Milner Dr., #1000
Colorado Springs, CO 80920
(719) 599-9995

IN THE UNITED STATES PATENT OFFICE

IN THE MATTER OF PETITION
TO MAKE SPECIAL the U.S. Patent Application

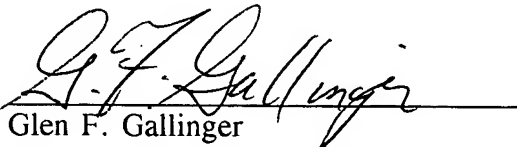
Re:

title: CIRCUIT CONTINUITY AND FUNCTION MONITOR
1'st inventor: Dan J. Jewell
filed:
serial no.:

D E C L A R A T I O N

1. I Glen F. Gallinger am the Patent Attorney of record for the applicant.
2. I have reviewed the accompanying document pertaining to the applicant's date of birth.
3. I have made and enclosed a true copy of that applicant Judith D. Jewell's ^{Birth}~~Driver's~~
Cert. Licence. The enclosed copy, attached to the Petition, was made from the original document.
4. Under the provisions of Rule 102(c) I am satisfied that the applicant is entitled to having his application examined in Special Order, and I have advised the applicant accordingly.

I hereby declare that all statements made herein of my own knowledge and belief are believed to be true; and further and that these statements and the like so made are punishable by fine and imprisonment, or both under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.


Glen F. Gallinger
Attorney on behalf of the Applicant
Registration No. 34,168

dated 12 April 2004

CONNECTICUT STATE DEPARTMENT OF HEALTH
Public Health Statistics Section—Hartford, Connecticut U.S.A.

Certified Copy of Birth Record

CONNECTICUT STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics

Certificate of Birth

1. PLACE OF BIRTH

County Leitchfield Township _____ or Village _____

City Torrington No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number, and street address or locality where mother resides on line below)

2. Full name of child

3. Sex M 4. If plural births 1 5. Twin, triplet, or other 1 6. Premature no 7. Legitimate yes 8. Date of birth June 22, 1931 (Month, day, year)

9. Full name of FATHER Joseph Gale 10. Full maiden name of MOTHER Theresa Flanagan

11. Residence (usual place of abode) Town or City Torrington 12. Residence (usual place of abode) Town or City Torrington (If nonresident, give place and State)

13. Color or race Wh 14. Age at last birthday 31 (years) 15. Color or race Wh 16. Age at last birthday 22 (years)

17. Birthplace (city or place) Torrington 18. Birthplace (city or place) Millville (State or country) CT (State or country) CT

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic 20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 3 22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 3

23. Date (month and year) last engaged in this work 3 24. Date (month and year) last engaged in this work 3 25. Total time (years) spent in this work 3 26. Total time (years) spent in this work 3

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 12:11 PM m. on the date above stated

Signature of Physician or Midwife T. J. Thompson

Address Torrington CT

Form O-V. S. 2 15M (10-36)

I certify that this is a true transcript of the information on the birth record as recorded in this office.

Attest:

Joseph D. Quatieri

Registrar of Vital Statistics

Dated

SEP 16 1999

Town of TORRINGTON